

**Political Organization  
Notice of Section 527 Status**

OMB No. 1545-1693

**Part I General Information**

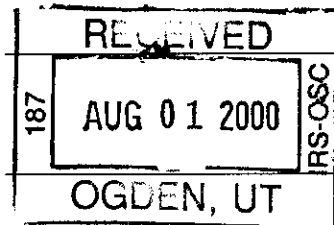
<b>1</b> Name of organization VOTE		<b>Employer identification number</b> 71 0706012
<b>2</b> Mailing address (P.O. Box or number, street, and room or suite number) PO BOX 2181  City or town, state, and ZIP code LITTLE ROCK, AR 72203		
<b>3</b> E-mail address of organization		
<b>4a</b> Name of custodian of records ARKANSAS BLUE CROSS BLUE SHIELD, A MUTUAL INSURANCE COMPANY	<b>4b</b> Custodian's address 601 GAINES ST LITTLE ROCK, AR 72201	
<b>5a</b> Name of contact person CORTNEY ALLISON	<b>5b</b> Contact person's address 601 GAINES ST LITTLE ROCK, AR 72201	
<b>6</b> Business address of organization (if different from mailing address shown above). Number, street, and room or suite number N/A  City or town, state, and ZIP code		

**Part II Purpose**

**7** Describe the purpose of the organization  
VOTE IS A POLITICAL ACTION COMMITTEE ESTABLISHED TO RECEIVE CONTRIBUTIONS FROM  
EMPLOYEES OF ARKANSAS BLUE CROSS BLUE SHIELD AND ITS AFFILIATES AND TO USE THOSE  
CONTRIBUTIONS TO MAKE CONTRIBUTIONS AND EXPENDITURES WITH RESPECT TO STATE AND  
LOCAL ELECTIONS.

**Part III List of All Related Entities (see instructions)**

<b>8a</b> Name of related entity	<b>8b</b> Relationship	<b>8c</b> Address
ARKANSAS BLUE CROSS BLUE SHIELD, A MUTUAL INSURANCE COMPANY	100% OWNER	601 GAINES ST LITTLE ROCK, AR 72201



[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

Signature of authorized official

Date \_\_\_\_\_